## PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE
Commissioner for Patents
P.O. Box 1450
Alexandria, Virginia 22313-1450
or Fax (571)-273-2885

appropriate. All further indicated unless correcte maintenance fee notifical	correspondence including the below or directed oth tions.	ig the Patent, advance or erwise in Block 1, by (a	ders and notification of m ) specifying a new corresp	aintenance fees will condence address; ar	be mailed to the current of ad/or (b) indicating a separ	correspondence address as rate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.			
28342 SAMUEL A. K 20690 VIEW OA SAN JOSE, CA				Certificate of Mailing or Transmission  I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
		INN )	· * * * * * * * * * * * * * * * * * * *			(Depositor's name)	
	13				(Signature)		
		TA1	MADE L			(Date)	
APPLICATION NO.	FILING DATE		FIRST NAMED INVENTOR	A	TTORNEY DOCKET NO.	CONFIRMATION NO.	
10/621,857	10/621,857 07/16/2003 Nagraj Ramachano		Nagraj Ramachandran Alu				
RESOURCES TO MEET BUSINESS OBJECTIVES  APPLN TYPE SMALL ENTITY ISSUE FEE DUE PUBLICATION FEE DUE PREV. PAID ISSUE FEE TOTAL FEE(S) DUE DATE DUE							
APPLN. TYPE	SMALL ENTITY NO	\$1400	\$300	\$0	\$1700	06/22/2007	
nonprovisional NO  EXAMINER		ART UNIT	CLASS-SUBCLASS				
PUENTE, EMERSON C		2113	714-015000	•			
CFR 1.363).  Change of corresp Address form PTO/SI  Fee Address" ind PTO/SB/47; Rev 03-6 Number is required.  ASSIGNEE NAME A	ND RESIDENCE DATA	nge of Correspondence  Indication form led. Use of a Customer  A TO BE PRINTED ON	(1) the names of up to or agents OR, alternation (2) the name of a single registered attorney or a 2 registered patent attolisted, no name will be THE PATENT (print or type)	of a single firm (having as a member a member a member a mey or agent) and the names of up to atent attorneys or agents. If no name is e will be printed.			
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)  International Business Machines Corporation Armonk, New York, USA							
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🗹 Corporation or other private group entity 🚨 Government							
4a. The following fee(s)  Issue Fee	are submitted:	41	Payment of Fee(s): (Please first reapply any previously paid issue fee shown above)  A check is enclosed.  Payment by credit card. Form PTO-2038 is attached.  The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 09-0441 (enclose an extra copy of this form).				
5. Change in Entity Status (from status indicated above)  a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.  b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).  NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.							
NOTE: The Issue Fee are interest as shown by the	d Publication Fee (if req	uired) will not be accepte ates Patent and Trademark	d from anyone other than to Office.	he applicant; a regist	ered attorney or agent; or th	ne assignee or other party in	
Authorized Signature /Samuel A. Kassatly/				Date05.08.2007			
Typed or printed name Samuel A, Kassatly				Registration No	32,247		
This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandra, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.							
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.							

06/14/2007 AUONDAF2 DRARGAS3 B98441 18621857 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE 857